



**TOWN OF BEDFORD**  
**DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT**  
**215 EAST MAIN STREET, BEDFORD VA 24523**  
Phone 540-587-6021; Fax 540-587-6143; E-Mail [mcameron@bedfordva.gov](mailto:mcameron@bedfordva.gov)

**2016 BUSINESS LICENSE APPLICATION**

**FEE \$30.00**

**DUE DATE 3/1/2016**

**BUSINESS NAME:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**FEDERAL IDENTIFICATION # (or Social Security #):** \_\_\_\_\_

**TYPE OF BUSINESS**      **DESCRIPTION OF BUSINESS - (if operating a food-related business, please include a copy of your Health Dept. Certificate with this application)**

☐ Individual      ☐ Professional--- Occupation: \_\_\_\_\_

☐ Corporation      ☐ Retail ----- Occupation: \_\_\_\_\_

☐ LLC      ☐ Service ----- Occupation: \_\_\_\_\_

☐ Partnership      ☐ Wholesale ---- Occupation: \_\_\_\_\_

☐ Contractor ----      A   B   C   (Circle One) License # \_\_\_\_\_  
Occupation: \_\_\_\_\_

☐ Other ----- Occupation: \_\_\_\_\_

**PHYSICAL ADDRESS OF BUSINESS**

**MAILING ADDRESS (If different from physical address)**

Street	_____	Street	_____
Suite #	_____	Suite #	_____
City	_____	City	_____
State	_____	State	_____
Zip Code	_____	Zip Code	_____
Phone	_____		
Fax	_____	PO Box	_____
E-Mail	_____	City	_____
Website	_____	State	_____
		Zip Code	_____

**BUSINESS OWNER'S PERSONAL INFORMATION (If not applicable, leave blank)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_